

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective January 1, 2003

Application or Docket Number

10/661631

117188

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

SMALL ENTITY  
TYPE  OTHER THAN  
OR SMALL ENTITY

| RATE      | FEES   | RATE     | FEES      |
|-----------|--------|----------|-----------|
| BASIC FEE | 375.00 | OR       | BASIC FEE |
| X\$ 9=    |        | OR       | X\$18=    |
| X42=      |        | OR       | X84=      |
| +140=     |        | OR       | +280=     |
| TOTAL     |        | OR TOTAL | 750.00    |

|                                  |                |                          |
|----------------------------------|----------------|--------------------------|
| TOTAL CLAIMS                     | 8              |                          |
| FOR                              | NUMBER FILED   | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 8 - minus 20 = | 0                        |
| INDEPENDENT CLAIMS               | 1 - minus 3 =  | 0                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |                | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

2/24/08 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

| RATE               | ADDI-<br>TIONAL<br>FEE | RATE                  | ADDI-<br>TIONAL<br>FEE |
|--------------------|------------------------|-----------------------|------------------------|
| X\$ 9=             |                        | X\$18=                |                        |
| X42=               |                        | X84=                  |                        |
| +140=              |                        | +280=                 |                        |
| TOTAL<br>ADDT. FEE |                        | OR TOTAL<br>ADDT. FEE | 750.00                 |

| RATE               | ADDI-<br>TIONAL<br>FEE | RATE                  | ADDI-<br>TIONAL<br>FEE |
|--------------------|------------------------|-----------------------|------------------------|
| X\$ 9=             |                        | X\$18=                |                        |
| X42=               |                        | X84=                  |                        |
| +140=              |                        | +280=                 |                        |
| TOTAL<br>ADDT. FEE |                        | OR TOTAL<br>ADDT. FEE | 750.00                 |

| RATE               | ADDI-<br>TIONAL<br>FEE | RATE                  | ADDI-<br>TIONAL<br>FEE |
|--------------------|------------------------|-----------------------|------------------------|
| X\$ 9=             |                        | X\$18=                |                        |
| X42=               |                        | X84=                  |                        |
| +140=              |                        | +280=                 |                        |
| TOTAL<br>ADDT. FEE |                        | OR TOTAL<br>ADDT. FEE | 750.00                 |

8 15/05

(Column 1) (Column 2) (Column 3)

AMENDMENT A

|   |   |                  |
|---|---|------------------|
| CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
| Total                                     | 9   | Minus            |
| Independent                               | 1   | Minus            |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

|             |   |   |                  |
|-------------|---|---|------------------|
| AMENDMENT B | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
| Total       | 9   | Minus                                       | 20               |
| Independent | 2   | Minus                                       | 3                |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

|             |   |   |                  |
|-------------|---|---|------------------|
| AMENDMENT C | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
| Total       | 9   | Minus                                       | 20               |
| Independent | 2   | Minus                                       | 3                |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.